

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/089353**  
APPLICANT(S)

FILING DATE

CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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TOTAL IND.	1	1	2	1	2	1						
TOTAL DEP.	14	1	14	1	13	1						
TOTAL CLAIMS	15		16		17							
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TOTAL CLAIMS												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS